

**Medicaid Outpatient Drug Coverage  
Excluded Drug Coverage Information By State  
January 1, 2006**

**PENNSYLVANIA**

**DESCRIPTION**

This chart provides information on excluded drug coverage for this State. If additional information is required, please see the address for the State Medicaid's website.

**MEDICAID ELIGIBILITY**

This State provides coverage for the Categorically Needy and Medically Needy

**EXCLUDED DRUG COVERAGE**

Drugs when used for anorexia, weight loss, weight gain

*Some*

Only if the medication is prescribed for any medically acceptable indication other than obesity, anorexia, weight loss, weight gain or appetite control

Drugs when used to promote fertility

*None*

Drugs when used for cosmetic purposes or hair growth

*None*

Drugs when used for the symptomatic relief of cough and colds

*None*

Prescription vitamins and mineral products

*Some*

A prescription drug product which contains a single entity vitamin combined with a legend drug, Vitamin D and its analogs, Nicotonic acid and its amides, Vitamin K and its analogs, Folic Acid, single entity and multiple vitamin preparations when prescribed for prenatal use.

Nonprescription drugs (Over-the-Counter)

*Some*

(i) Analgesics: acetaminophen and combinations, aspirin and combinations, salicylates, and non-steroidal anti-inflammatory drugs. (ii) Antacids. (iii) Antidiarrheals: kaolin-pectin combination and loperamide. (iv) Anti-flatuants: simethicone and simethicone combined with an antacid. (v) Antinauseants: concentrated balanced solutions of sugar and orthophosphoric acid, cyclizine lactate, dimenhydrinate, and meclizine hydrochloride. (vi) Bronchodilators. (cough and cold preparations, excluding mouthwashes, lozenges, troches, throat sprays and rubs. (viii) contraceptives. (ix) hematinics, excluding long-acting products: ferrous fumarate, ferrous gluconate and ferrous sulfate. (x) Insulin. (xi) Laxatives and stool softeners. (xii) Nasal preparations: oxymetazoline, phenylephrine, xylometazoline and naphazoline. (xiv) Topical products containing one or more of the following ingredients: (A) Anesthetics: benzocaine, cycloethycaine, dibucaine, lidocaine, pramoxine, and tetracaine. (B) Antibacterials: bacitracin, neomycin, polymyxin, providone-iodine and tetracycline. (C) Dermatogical Baths: colloidal oatmeal and combinations and soya protein complex and combinations. (D) Antifungal Agents: iodochlor-hydroxyquin (clinoquinol), miconazole nitrate, salicylanilide, salicylic acid, sodium caprylate, sodium propionate, triacetin (glyceryl triacetate), tolfinate, undecylenic acid, esters, and salts, and clotrimazole. (E) Rectal Preparations: bismuth subgallate, yeast, and zinc oxide. (F)

## **PENNSYLVANIA – Excluded Drug Coverage (continued)**

Tar Preparations, excluding soaps, shampoos, and cleaning agents. (G) Wet Dressings: aluminum acetate, aluminum sulfate, calcium sulfate, and zinc sulfate. (H) Scabicides: permethrin. (I) Corticosteroids: hydrocortisone. (Gel products containing benzoyl peroxide. (xv) Vitamins and Minerals: single entity and multiple vitamins with or without fluoride for children under three years of age based on documentation , single entity and multiple vitamins when prescribed for prenatal use, nicotinic acid and its amides, and calcium salts. (xvi) Diabetes Testing Reagents. (xvii) Quinine. (xviii) Oral Electrolyte Mixtures and (xix) Tobacco Cessation Products.

Barbiturates (drugs used before surgery to relieve anxiety or tension, to help control seizures in certain disorders or diseases,sometimes used to relieve nervousness or restlessness during the daytime)

*All*

Benzodiazepines (drugs used to relieve anxiety, treat insomnia (trouble in sleeping), or help relax muscles or relieve muscle spasms)

*All*

Smoking Cessation (except dual eligibles as Part D will cover)

*All*

## **STATE WEBSITE**

<http://www.dpw.state.pa.us/LowInc/MedicarePartD>

<http://www.dpw.state.pa.us/omap/dpwomap.asp>